



A Bird Eye View On Vriddhi Roga

Dr. Pooja Rajendran

Assistant Professor

Dept. of Shalyatantra

Prasanna College of Ayurveda and Hospital

Laila, Belthangady

Dakshina Kannada

Karnataka 574214

ABSTRACT :

Vriddhi is one among the disease which is explained in all Ayurvedic literatures. It is a Vata Pradhana Vyadhi, where Phalakoshashopha, i.e., Swelling of scrotum is the main symptom. The term 'Vriddhi' has been used at many instances in Ayurveda and has to be understood according to the context. Literally, the word 'Vriddhi' means increase and here, in this context of Vriddhi roga, it indicates Vrishana vriddhi / Mushka vriddhi / Andakosha vriddhi which can be correlated to Scrotal swellings. Classification of Vriddhi may be based on the predominant dosha and based on its etiology. Based on the etiology, clinical features and location, Vriddhi can be correlated to different scrotal swellings like Epididymo-orchitis, Scrotal lipomatosis, Hydrocele and Hernia. Here in this article an attempt is made to review Vriddhi roga in detail.

KEYWORDS : Vriddhi, Phalakoshashopha, Scrotal swelling

INTRODUCTION

The term 'Vriddhi' has been used at many instances in Ayurveda and has to be understood according to the context and situation. The literal word meaning of Vriddhi means increase and here, in this context of Vriddhi roga, it indicates Vrishana Vriddhi / Mushka Vriddhi / Andakosha Vriddhi which can be correlated to Scrotal swellings including Epididymo-orchitis, Scrotal lipomatosis, Hydrocele and Hernia.

PARIBHASHA (DEFINITION)

Any one of the Dosha, getting aggravated and travelling downward (Adhashareera) becomes localized in the Dhamani of the Phalakosha and produces enlargement of the scrotum (Phalakoshavriddhi); this is called as Vriddhi.¹

NIDANA (ETIOLOGY)

The exact etiology of Vriddhi is not mentioned clearly in the Samhitas. But as it is manifested as swelling, the etiology of Shwayathu can be considered. According to Acharya Charaka, the causative factors of endogenous swelling include Krusha (Emaciated) or Abala (Weak) due to excessive Shodhana, Abhakta (Fasting) or Amaya (Disease); Excessive use of Kshara or food articles having Amla, Tikshna, Ushna and Guru (Heavy) properties; Excessive intake of Dadhi (Curd), Raw/ unprocessed food articles, Mrit (Soil), Shaka (Leafy

vegetables), Viruddhahara, Dushta anna (Spoiled food/water), Garopasrushta anna (Food afflicted with poison); Arshas (Person suffering from Hemorrhoids); Acheshta (Having sedentary life); Na cha dehashuddhi (Non performing of Shodhana therapy even if indicated); Marmopaghata (Injury to vital organs); Vishama Prasuti (Abnormal/ Difficult childbirth); Mithyopachara (Improper treatment) and Pratikarmana (Complication of improper purification treatment).²

SAMPRAPTI

Vata getting aggravated from obstruction of its movement (Ruddha gati), begins to move from the Vankshana (groin) to the Mushka (Scrotum), producing swelling and pain, followed by pulling down of the Dhamani going into the scrotum and gives rise to enlargement of Dhamani inside the scrotum. This is known as Vriddhi roga – enlargement of the scrotum.³

BHEDA

Vriddhi is of 7 kinds – Each of the doshas separately - 1) Vataja Vriddhi, 2) Pittaja Vriddhi, 3) Shleshmaja Vriddhi, by Rakta - 4) Shonitaja Vriddhi, by Medas - 5) Medoja Vriddhi, by Mutra - 6) Mutraja Vriddhi, by Antra - 7) Antraja vriddhi. Those caused by Mutra and Antra are caused by Vata itself but are designated differently to denote the organs involved.⁴

PURVARUPA

The purvarupa of Vriddhi mentioned are Pain in the regions of Basti (Bladder), Kati (Waist), Mushka (Scrotum) & Medhra (Penis); Marutanigraha (Retention of vata) and Phalakoshashopha (Scrotal swelling)⁵

VATAVRIDDHI

In that caused by Vata, the scrotum feels on touch like a leather bag filled with air, is dry/ rough & painful without any specific reason.⁶

CHIKITSA⁷

- ✓ Traivrita snehapana
- ✓ Swedana
- ✓ Virechana with Taila prepared with Koshamra, Tilvaka & Erandaphala
- ✓ Intake of Eranda taila with Ksheera for one month
- ✓ Niruha basti should be given with Vatahara kwatha & kalka, followed by Mamsa rasa diet
- ✓ Anuvasana basti with Yashtimadhu taila
- ✓ Vatahara snehana, Upanaha and Pradeha should be adopted.
- ✓ If the swelling is in Vidagdhavastha, it should be made Pakwavastha and Bhedana to be done saving the Sevani (Scrotal raphae) followed by Vrana Ropana chikitsa

PITTA VRIDDHI

In that caused by Pitta, the scrotum resembles ripe Udumbaraphala in color (brownish red), associated with Jwara (Fever), Daha (Burning sensation), Ushma (Heat) and attains Pakvavastha (Suppuration) rapidly.⁶ It may be correlated with Acute Epididymo-orchitis.

CHIKITSA

- ✓ In Amavastha – Same as Pitta granthi chikitsa
- ✓ In Pakvavastha – Bhedana should be done, then Shodhana with Kshoudra & Sarpi. After Shodhana, Ropana taila & kalka should be used.⁸

ACUTE EPIDIDYMO-ORCHITIS⁹

Etiology — Causative organisms are - Chlamydia or N. Gonorrhoea, Escherichia coli, Streptococcus, Staphylococcus or Proteus or Pseudomonas.

Pathology — At first there is cellulitis of the lower pole of the epididymis. Infection spreads from the lower pole to the upper pole. The whole epididymis becomes swollen and indurated. Tunica vaginalis secretes

serous fluid which becomes purulent. Gradually the testis becomes swollen due to congestion and later on involved by infectious process.

Clinical features — Pain and swelling of the epididymis along with fever, malaise and chills. Urinary tract infection is often present with symptoms of frequency, urgency and dysuria. The epididymis and testis both start swelling and become quite painful. The scrotal wall becomes red, oedematous and glossy. Occasionally the infection may go up to abscess formation and discharge of pus may occur through the scrotal skin.

Special Investigations — Haemogram shows marked elevation of white cell count with shift to left. Culture for urinary infection, scan and ultrasound of the scrotum may help in the diagnosis.

Treatment — Rest with elevation of the scrotum with a scrotal suspensory bandage and cotton wool, Antibiotics, Surgical intervention is required in the form of drainage.

SHLESHMA VRIDDHI

In that caused by Kapha, swelling will be hard in consistency associated with Mild pain, less warmth/ cold on touch and Itching.⁶ It may be correlated with Tuberculous epididymo-orchitis.

CHIKITSA¹⁰

- ✓ Pralepa with Ushna virya dravyas mixed with Gomutra
- ✓ Pana of Daruharidra Kashaya mixed with Gomutra
- ✓ Kaphaja Granthi chikitsa except Vimlapana can be done
- ✓ Pakwavastha – Bhedana and Shodhana with Taila prepared of Sumana, Arushkara, Ankotha & Saptaparna.

TUBERCULOUS EPIDIDYMO-ORCHITIS¹¹

Etiology — Tuberculosis is the main cause of chronic epididymo-orchitis and the infection is retrograde from a tuberculous focus in the seminal vesicles.

Clinical features — It is mainly the cragging swelling of the epididymis which is firm and aches a little. If one tries to feel the seminal vesicles, it will be swollen and indurated. Gradually cold abscess develops in the epididymis and may burst in the posterior aspect of the scrotum to cause sinuses in the scrotum.

Special Investigations — Urine and semen should be examined for tubercle bacilla. Chest radiography and intravenous urogram may indicate tuberculosis of the lungs and renal tuberculosis respectively.

Treatment — Antitubercular drugs, Epididymectomy, Orchidectomy

RAKTA VRIDDHI

In Vriddhi caused by Rakta, Bback eruptions will be present over the swollen scrotum and also associated Pitta lakshana will be present.⁶ It may be correlated with Haematocele.

CHIKITSA¹²

- ✓ Raktamokshana with Jalaukavacharana
- ✓ Virechana with drugs mixed with Sharkara & Kshoudra
- ✓ In Amavastha & Pakvavastha - Pitta Granthi chikitsa

HAEMATOCELE¹³

Collection of blood in the scrotum due to damage of small vessel usually the result of injury or during tapping of a hydrocele

Haematocele can be divided into two categories — 1. Recent haematocele and 2. Old haematocele.

Recent haematocele is caused by Trauma, Tapping or aspiration of a hydrocele and Neoplasm of the testis.

Treatment : The scrotum is explored under general anaesthesia. The clot is evacuated and the wound is closed with a drain.

Old haematocele — Slow haemorrhage into the tunica vaginalis gives rise to such condition. The patient remains completely ignorant about the condition. Gradually he notices swelling of the one side of the scrotum. History of trauma cannot be elicited.

Treatment is orchidectomy, as testis is functionless

MEDO VRIDDHI

Medo Vriddhi is characterized by soft & unctuous swelling associated with itching and mild pain, resembling Taalaphala in appearance.⁶ It may be correlated with Scrotal Lipomatosis.

CHIKITSA¹⁴

- ✓ Swedana
- ✓ Sukhoshna Lepana with Surasadigana dravya/ Sirovirechanagana dravya mixed with Gomutra
- ✓ After Swedana, Veshtana with Vastrapatta
- ✓ Bhedana with Vriddhipatra protecting Phala and Sevani
- ✓ Medo nirharana - Medas should be removed, Kasisa & Saindhava can be applied for Shodhana and then Bandhana
- ✓ After Shodhana, Ropana with taila prepared with Manashila, Ala, Lavana & Arushkara

SCROTAL LIPOMA

Scrotal lipomas are the most common benign mesenchymal tumor of scrotal tissues and the spermatic cord in all age groups. Scrotal lipomas generally are classified into three categories : (i) subcutaneous fatty tissue posterior to the spermatic cord and extending into the scrotum (called scrotal lipomas), (ii) adipose tissue within or outside spermatic cord (called spermatic cord and tunica vaginalis lipomas) and (iii) fat lobules within the scrotal dartos tunica (called primary scrotal lipomas). Spermatic cord lipomas are the most common. On the contrary, primary scrotal lipomas are rare and occur more often in young males, whereas the other two categories occur more commonly in men between 40 and 60 years old. Clinically, patients may report a sensation of scrotal fullness, without signs of trauma or inflammation. Surgical resection to include the complete fibrous capsule of the neoplasm remains the treatment of choice to prevent recurrence.¹⁵

MUTRAVRIDDHI

Mutravriddhi occurs in persons who does suppress the urge of urination (Mutravegadharana) habitually; in course of time, the scrotum develops movements like a bag full of water, dysuria, pain in the testicles & swelling of the scrotum.⁶

CHIKITSA¹⁶

- ✓ Swedana
- ✓ Veshtana with Vastrapatta
- ✓ Vyadhana made below the swelling by the side of Sevani with Vrihimukhashastra
- ✓ Nadi with opening at both ends is inserted and Mutravistravana should be done
- ✓ Then Nadi is removed and Sthagika bandha is applied
- ✓ After Shodhana, Ropana is to be done.

HYDROCELE¹⁷

A hydrocele is an abnormal collection of serous fluid in the tunica vaginalis of the testis or within some part of the processus vaginalis.

According to aetiology hydrocele can be divided into two categories —

1. Primary or idiopathic hydrocele — the cause of which is unknown i.e. there is no associated disease in the testis or the epididymis.
2. Secondary hydrocele — when hydrocele is secondary to a disease in the testis and/or in the epididymis.

Treatment — Operation is definitely the treatment of choice.

Types of operations — 1. Jaboulay's method of eversion of sac 2. Lord's procedure of excision of sac 3. Excision of the sac 4. Subtotal excision

ANTRAVRIDDDHI

It occurs in those who indulge in carrying heavy loads, fight with strong persons (or animals), falling from the tree and such strenuous activities. Vata gets aggravated, brings about abnormalities in the Sthulantra and Kshudrantra at a particular place, pushes it down into the groin and stays like a tumor for sometime; if left untreated, it gets into the scrotum in course of time and produces swelling of the scrotum; then scrotum is seen enlarged like a bag of air, elongated and swollen, when pressed it moves up accompanied with a sound and when released it swells up again, this disease is known as Antravridddhi and considered as Asadhya.⁶ It may be correlated with Inguinal hernia.

CHIKITSA¹⁸

- ✓ If the Vridddhi has not reached Phalakosha, i.e., if it is incomplete – it should be treated like Vataja Vridddhi.
- ✓ If it has reached Phalakosha, it should be considered untreatable and should be rejected.
- ✓ If it is situated in the Vankshana, then Dahana should be done with Ardhaendhuvakra shalaka to create Margavarodha (obstruct the path).
- ✓ If these measures fail,
 - o Twakmatra chedana should be done in the Angushtamadhyas followed by Agnikarma in Angaviparyaya manner (i.e. If Antravridddhi is in Vamabhaga, it should be done in Dakshina angushta & vice versa)
 - o Siravyadhana should be done to the Sira between Shankha & Karna, saving the Sevani.

INGUINAL HERNIA¹⁹

Abnormal protrusion of the viscus or part of the viscus through a weak point in the body is known as Hernia. Inguinal hernia occurs either through the deep inguinal ring (indirect hernia) or through the posterior wall of the inguinal canal (direct hernia). Hernial sac is the part of the peritoneum which is dragged into the inguinal canal. The mouth of the sac is the peritoneal cavity. The neck is the narrowest portion. Herniotomy, Herniorrhaphy and Hernioplasty are the key operations for inguinal hernia.

SADHYA ASADHYATA

Among the seven types of Vridddhi, Antravridddhi is told as Asadhya and the other types -Vataja, Pittaja, Kaphaja, Raktaja, Medoja and Mutraja are Sadhya.²⁰

APATHYA

Patients should avoid Ashwadiyana (Riding on animals), Vyayama (Physical exercises), Maithuna (Sexual act), Veganigraha (Suppression of natural urges), Atyasana (Sitting for long time), Chankramana (Walking for long time), Upavasa (Fasting) and Intake of Guru ahara.²⁰

DISCUSSION

Vridddhi is a Vata Pradhana Vyadhi, caused by the aggravation of Doshas in the Adhashareera, entering into the Phalakoshadhamani resulting in Phalakoshavridddhi. It is classified into 7 types based on the Dosha predominance, etiology and its location. Vataavridddhi and Antravridddhi having features like feeling of leather bag filled with air on touch, rough & painful without any other reason may be correlated to Hernia. Pittaja Vridddhi having features of brownish red discoloration, associated with Jwara (Fever), Daha (Burning sensation), Ushma (Heat) and attains Pakavastha (Suppuration) rapidly may be correlated to Acute Epididymo orchitis. Shleshmaja Vridddhi having features of hard swelling associated with Mild pain, cold on touch and Itching; and Medoja Vridddhi having features of soft & unctuous swelling associated with itching and mild pain, resembling Taalaphala in appearance may be correlated with Tuberculous Epididymo orchitis and Scrotal lipomatosis respectively. Raktaja Vridddhi due to the presence of collection of blood and caused by trauma can be correlated to Hematocele. Mutraja Vridddhi presented as a swelling filled with water can be correlated to Hydrocele. The Ambupurnata and Kshobhana mentioned in the Mutravridddhi can be compared to the Fluctuation present in Hydrocele. Antravridddhi can be taken as Inguinal hernia. The reducibility, which is the classical sign of inguinal hernia is also explained in Antra vridddhi by the reference "Sashabdamavapeeditashchordhvamupaiti". Of the seven types mentioned, except Antra vridddhi all the other varieties are considered as Sadhya. Antra Vridddhi also, if it is has not reached Phalakosha, i.e., if it is

incomplete, it can be treated like Vataja Vriddhi and if it has reached Phalakosha, it should be considered untreatable and should be rejected.

CONCLUSION

In the context of Vriddhi roga, the term Vriddhi refers to Vrishana Vriddhi, Mushka Vriddhi or Andakosha Vriddhi which can be correlated to Scrotal swellings including Epididymo-orchitis, Scrotal lipomatosis, Hydrocele and Hernia. Different kind of treatment modalities in the form of shodhana and shamana have been described in the samhitas. And the classification of Vriddhi into 7 based on the etiology and dosha predominance also is mentioned in the samhitas.

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